



TOBACCO

Counseling your patients to quit 5A's

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Objectives

- Brief overview of epidemiology
- 5A's Smoking Cessation
- Stages of Change
- Motivational Interviewing
- Pharmacotherapy
- Follow-up care

Sept. 23, 1936

"...sound
as a bell"

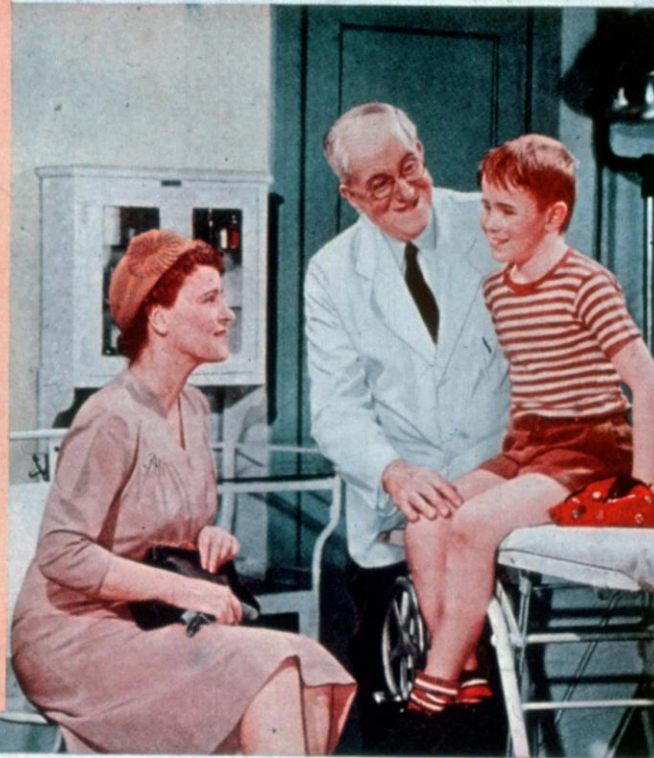
Wise doctor.

Wise mother.

Fortunate youngster.

Regular physical examinations plus all the methods developed to prevent or inhibit even the once-casual diseases are now routine in American life.

The magnificent advance made in *guarding* health by fighting illness *before* it strikes is still another proud chapter in the history of the medical profession.



According
to a recent
Nationwide
survey:

More Doctors Smoke Camels
than any other Cigarette

The "T-Zone"—T for Taste and Throat



Your "T-Zone" is a critical "laboratory" when it comes to cigarettes. Try Camel's flavor on your taste. See how your throat reacts to Camel's cool mildness. Like millions of other smokers, you too may say, "Camels suit my 'T-Zone' to a 'T'!"

• The makers of Camels take an understandable pride in the results of a nationwide survey among 113,597 doctors by three leading independent research organizations.

When queried about the cigarette they themselves smoked, the cigarette named most by the doctors was... Camel. Every branch of medicine was represented—physicians, surgeons, diagnosticians, specialists.

Like you, doctors smoke for pleasure. The rich, full flavor and cool mildness of Camel's costlier tobaccos are just as appealing to them as to you. Compare Camels—in your own "T-Zone."



CAMELS Costlier Tobaccos

R. J. REYNOLDS TOBACCO CO., Winston-Salem, N. C.

1936





Epidemiology

- Annual Deaths in US attributed to smoking?
- 440,000
- In SC?
- 5,900
- Health Care Costs US?
- \$167 Billion
- In SC?
- \$109 million



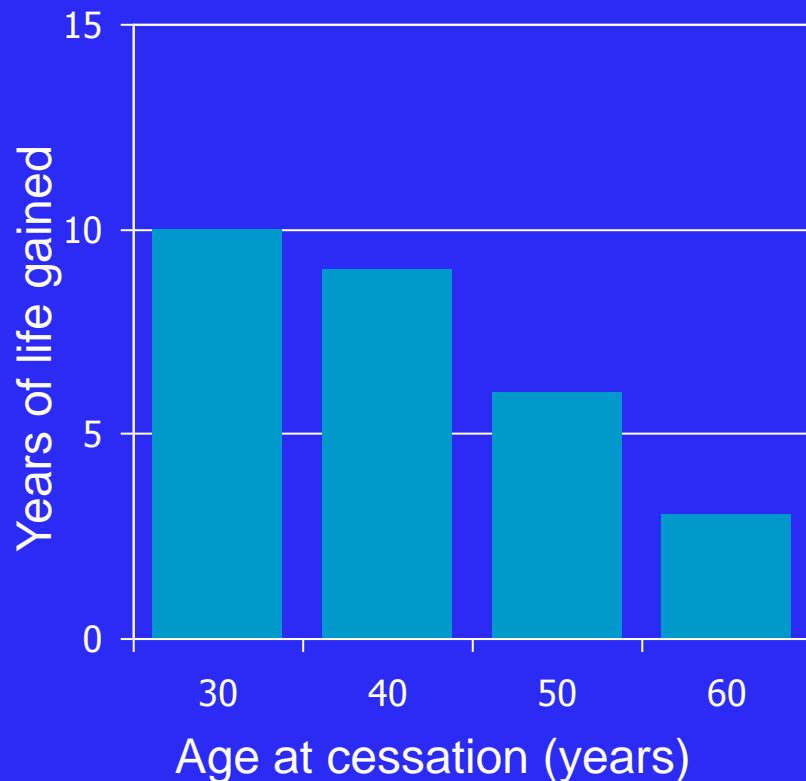
Epidemiology

- In SC
- 22.3% of adults 18+ smoke
- 19.1% of high school youth smoke
- 14.9% pregnant women smoked in last trimester
- 57.2% of adults have tried to quit at least once in the past 12 months
- 70% want to quit



Impact of Quitting Smoking

- Prospective study of 34,439 male British MDs
- Mortality monitored for 50 years (1951–2001)



Sir Richard Doll 1912 – 2005

Doll et al. (2004). *BMJ* 328(7455):1519–1527

within 20 minutes of quitting...

Within 20 minutes *after you smoke that last cigarette*, your body begins a series of changes that continue for years.

20 Minutes After Quitting

Your heart rate drops.

12 Hours After Quitting

Carbon monoxide level in your blood drops to normal.

2 Weeks to 3 Months After Quitting

Your heart attack risk begins to drop.

Your lung function begins to improve.

1 to 9 Months After Quitting

Your coughing and shortness of breath decrease.

1 Year After Quitting

Your added risk of coronary heart disease is half that of a smoker's.

5 Years After Quitting

Your stroke risk is reduced to that of a nonsmoker's 5-15 years after quitting.

10 Years After Quitting

Your lung cancer death rate is about half that of a smoker's.

Your risk of cancers of the mouth, throat, esophagus, bladder, kidney, and pancreas decreases.

15 Years After Quitting

Your risk of coronary heart disease is back to that of a nonsmoker's.

"You like them FRESH?"

1932

So do I!"

You don't have to tell the woman who has switched to Camels the benefits of a *fresh* cigarette.

She knows all about it—that's the reason she stays switched.

She has learned that the fine, fragrant, sun-ripened choice tobaccos in Camels have a perfectly preserved delicate mildness all their own.

She knows by a grateful throat's testimony

what a relief this smooth, cool, slow-burning *fresh* cigarette means to sensitive membrane.

Camels are fresh in the Camel Humidor Pack because they are *made* fresh, fresh with natural moisture and natural flavors—they are never parched or toasted.

If you don't know what the Reynolds method of scientifically applying heat so as to avoid parching or toasting means to the smoker—switch to Camels for just one day—then leave them—if you can.

R. J. REYNOLDS TOBACCO COMPANY, Winston-Salem, N.C.

"Are you Listenin'?"

R. J. REYNOLDS TOBACCO COMPANY'S COAST-TO-COAST RADIO PROGRAMS—SEE RADIO PAGE OF LOCAL NEWSPAPER FOR TIME CAMEL QUARTER HOUR, Morton Downey, Tony Wons, and Camel Orchestra, direction Jacques Renard, every night except Sunday, Columbia Broadcasting System

PRINCE ALBERT QUARTER HOUR, Alice Joy, "Old Hunch," and Prince Albert Orchestra, every night except Sunday, National Broadcasting Company Red Network



CAMELS

Made FRESH — Kept FRESH

● Don't remove the moisture-proof wrapping from your package of Camels after you open it. The Camel Humidor Pack is protection against perfume and powder odors, dust and germs. In office and home, even in the dry atmosphere of artificial heat, the Camel Humidor Pack can be depended upon to deliver fresh Camels every time

© 1932, R. J. Reynolds Tobacco Company

It's Wise TO SMOKE EXTRA-MILD FATIMA

"I agree..."

says NURSE Shirley Gellman
Los Angeles, California



MARKET RESEARCH DEPARTMENT

SEP. AUG 5 1950

DOPAMINE REWARD PATHWAY

Prefrontal
cortex

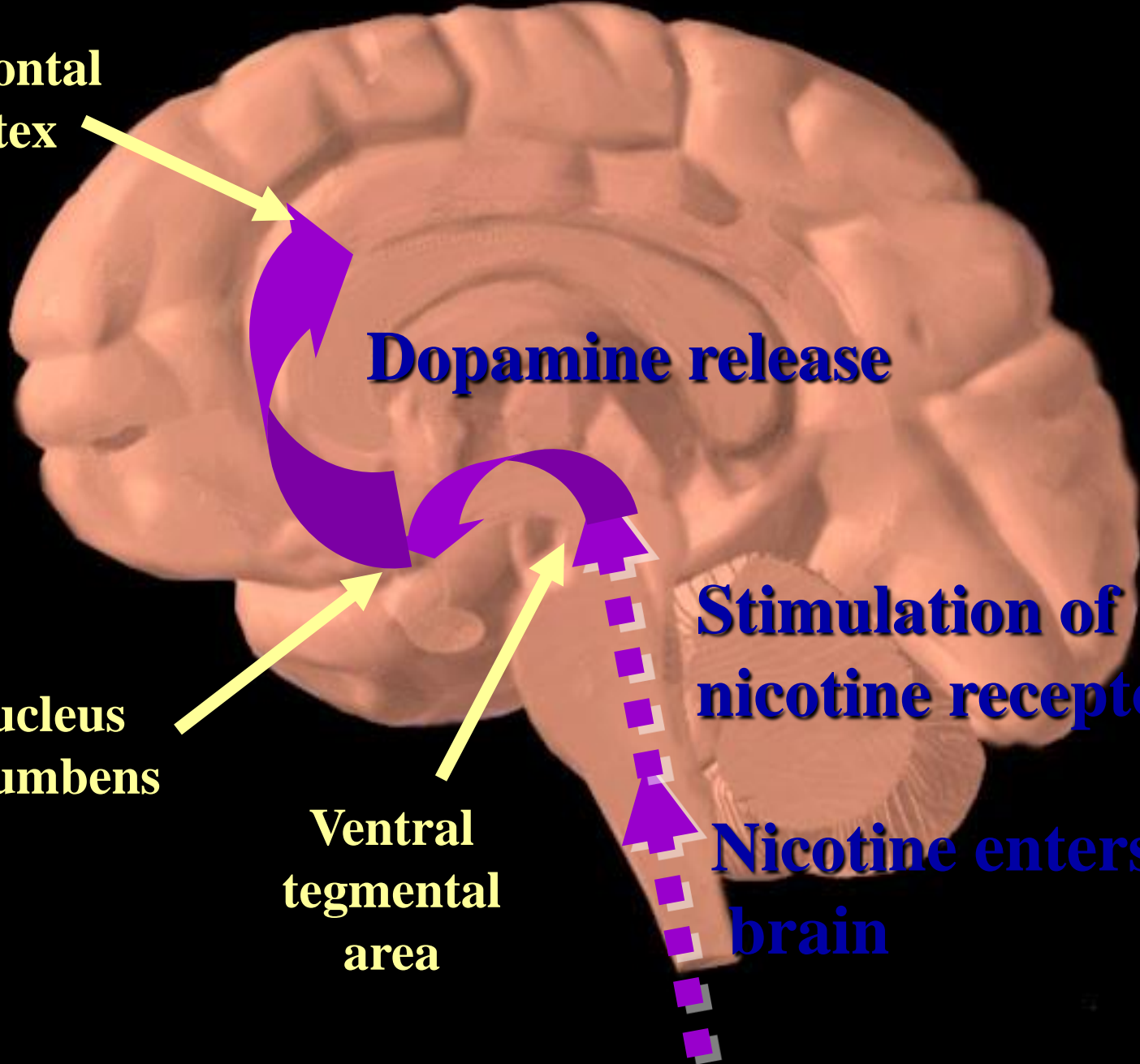
Dopamine release

Nucleus
accumbens

Ventral
tegmental
area

Stimulation of
nicotine receptors

Nicotine enters
brain



Agency for Healthcare Research and Quality Clinical Guidelines

- Three truths about tobacco
 - 1. All tobacco products exact devastating costs on the nation's health and welfare.
 - 2. For most users tobacco use results in drug dependence comparable to that of opiates, amphetamines and cocaine.
 - 3. Chronic tobacco use warrants repeated clinical intervention as do other addictions.

CLOSE TO HOME

JOHN MCPHERSON

e-mail: CLOSETOHOME@COMPUSERVE.COM

McPherson



Though expensive, hiring a professional actor dressed as death to stalk his every move finally broke Ted of his smoking addiction.

Primary Care Interventions

- What are the 5 A's of Smoking Cessation?
 1. **Ask** the patient if he or she uses tobacco
 2. **Advise** him or her to quit
 3. **Assess** willingness to make a quit attempt
 4. **Assist** those willing to quit
 5. **Arrange** for follow-up contact to prevent relapse

ASK

- Ask if patient uses tobacco
 - Tobacco use as a Vital Sign

VITAL SIGNS

Blood Pressure: _____

Pulse: _____ Weight: _____

Temperature: _____

Respiratory Rate: _____

Tobacco Use: Current Former Never
 (circle one)

Smoker in Home (circle one): Yes No



Advise him or her to quit

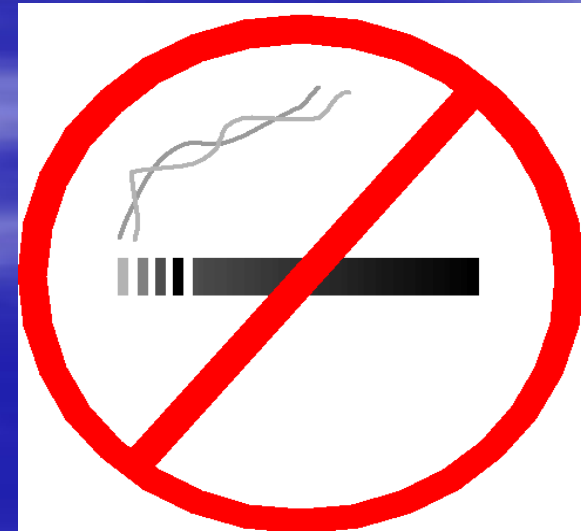
- In a clear, strong, and personalized manner, urge every tobacco user to quit.
 - **Clear**—"I think it is important for you to quit smoking now and I can help you." "Cutting down while you are ill is not enough."
 - **Strong**—"As your doctor, I need you to know that quitting smoking is the most important thing you can do to protect your health now and in the future. The clinic staff and I will help you."

Advise him or her to quit

- In a clear, strong, and personalized manner, urge every tobacco user to quit.
 - **Personalized**—Tie tobacco use to current health/ illness, and/or its social and economic costs, motivation level/readiness to quit, and/or the impact of tobacco use on children and others in the household
 - “Your asthma will improve when you stop smoking”

Assess Tobacco Use

- Three categories of Patients
 - Current users who are willing to quit
 - Current users unwilling to quit at this time
 - Former users who have recently quit



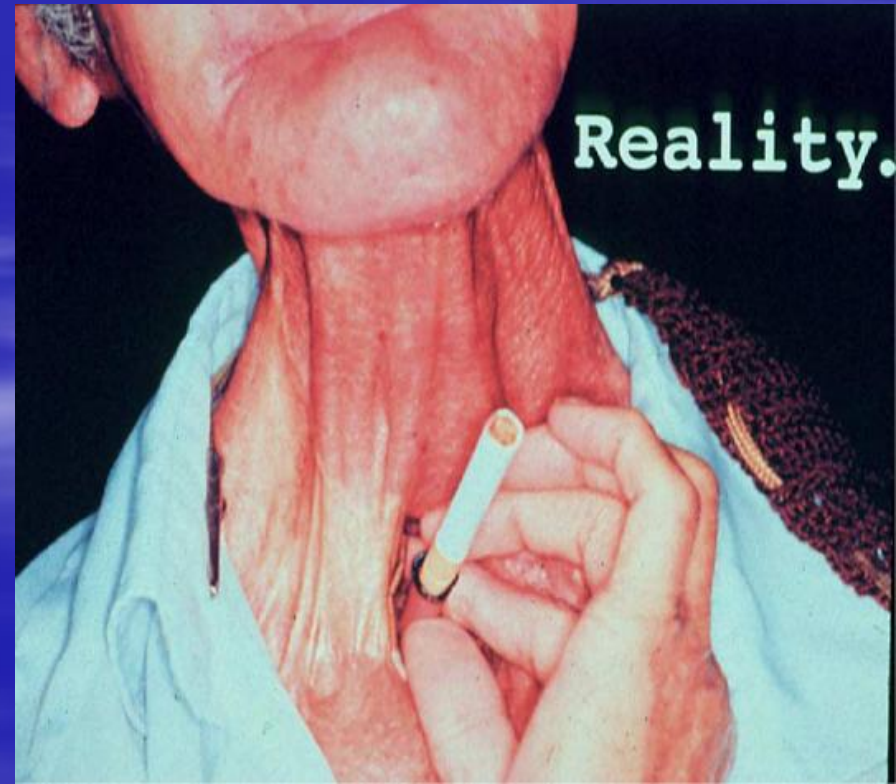
Stages of Change

- Precontemplative
 - “I don’t have a problem.”
- Contemplative
 - “I think I may need to quit, but I’m not ready.”
- Preparation
 - “I want to quit.”



Stages of Change

- Action
 - “I stopped smoking today.”
- Maintenance/Relapse
 - “I stopped smoking 6 mos. Ago”/ “I started smoking again.”



Strategies for the Patient in Precontemplation

- Education
- Persistent advice:
Should be reminded at every visit.



For patients in contemplation

- Pros and Cons
- Debunking of pros
- Emphasis on cons
- Discuss at every visit



Motivational Interviewing for the Pre-contemplative/Contemplative

- Relevance

- Encourage the patient to indicate why quitting is personally relevant to their disease status or risk factors.
- “Your family history and hypertension increase your risk for cardiovascular disease. Stopping smoking would improve your risk greatly.”

Motivational Interviewing for the Pre-contemplative/Contemplative

■ Risks

- Ask the patient to identify potential negative effects of smoking
 - Acute risks: SOB, exacerbation of Asthma, cough
 - Long term risks: MI, CVA, cancer, lung, bladder, cervix, COPD, costs for extended care
 - Environmental risks: Increased risk of lung cancer, in non-smokers exposed, low birth weight, increased respiratory infections in children

Motivational Interviewing for the Pre-contemplative/Contemplative

■ Rewards

- Ask the patient to identify potential benefits of stopping smoking that seem most relevant to the patient
 - improved smell and taste,
 - saved money
 - improved conditioning
 - reduced skin damage
 - healthier children

Motivational Interviewing for the Pre-contemplative/Contemplative

- Roadblocks

- Ask the patient to identify potential barriers

- lack of support
 - depression
 - loss of enjoyment of tobacco
 - weight gain
 - cost of pharmacotherapy

Motivational Interviewing for the Pre-contemplative/Contemplative

- Repetition

- repeat motivational interviewing each time you see patient.
- Failed attempts to quit should be met with the understanding that most people require multiple attempts to quit
- “You will almost certainly be successful if you keep trying.”

Motivational Interviewing for Preparation/Action Stages

- Identification of triggers
 - Other smokers
 - Drinking alcohol
 - Experiencing urges
 - Stressful situations



Motivational Interviewing for Preparation/Action Stages

- Identification of Coping Strategies
 - Anticipate, and avoid temptation
 - Cognitive strategies reduce stress and negative mood
 - Lifestyle changes that improve quality of life
 - Learning cognitive and behavioral strategies to deal with urges to smoke

Motivational Interviewing for Preparation/Action Stages

- Provide basic information about smoking and successful quitting
 - Any smoking will likely result in relapse
 - Withdrawal typically peaks between 1-3 weeks of smoking cessation
 - Withdrawal symptoms include depressed mood, irritability, urges to smoke, and difficulty concentrating.

Motivational Interviewing for Preparation/Action Stages

- Intratreatment Support
 - Encourage the patient to quit
 - Effective treatment for nicotine dependence is available
 - Half of the people who have ever smoked have quit
 - “You can quit smoking, I am certain of it.”

Motivational Interviewing for Preparation/Action Stages

- Intratreatment Support
 - Communicate caring and concern
 - Ask patient how they feel about quitting
 - Directly express concern and willingness to help
 - Be open to the patients fears about quitting, difficulties experienced, and ambivalent feelings

Motivational Interviewing for Preparation/Action Stages

- Intratreatment Support
 - Encourage the patient to talk about the quitting process
 - Ask about
 - Reasons patient wants to quit
 - Concerns or worries about quitting
 - Success patient has achieved
 - Difficulties encountered while quitting

Motivational Interviewing for Preparation/Action Stages

- Extra treatment support
 - Train Patient in support solicitation skills
 - Videos
 - Practice asking family friends, co-workers for support
 - Help patient to establish smoke free home

Motivational Interviewing for Preparation/Action Stages

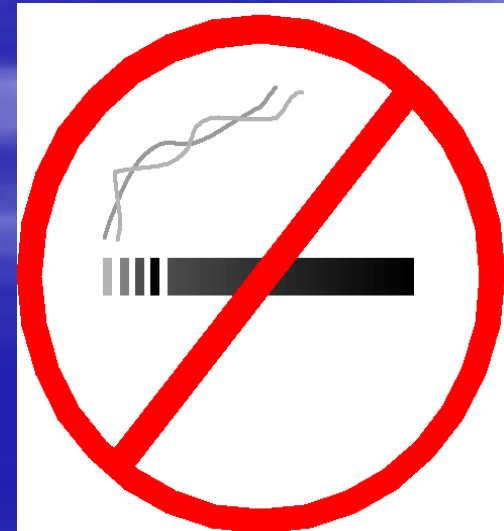
- Extra treatment support
 - Prompt support seeking
 - Help patient identify support
 - Remind patient to call supportive others
 - Community resources of support

Motivational Interviewing for Preparation/Action Stages

- Extra treatment support
 - Clinician arranges outside support
 - Mail letters to supportive others
 - Call supportive others
 - Assign patients to be “buddies” to one another

For patients in Preparation

- Set Quit date
- List Triggers
- List Coping strategies
- Create support network
- Discuss pharmacotherapy



Pharmacotherapy for Preparation/Action Stages

- Which treatments are considered first line, FDA approved?
 - Bupropion
 - Nicotine gum
 - Nicotine inhaler
 - Nicotine nasal spray
 - Nicotine patches
 - Varenicline



Pharmacotherapy for Preparation/Action Stages

- Bupropion (sustained release)
 - Precautions/Contraindications
 - Seizure, eating disorders
 - Adverse effects
 - Insomnia, Dry mouth
 - Dose
 - 150mg QD X3 then 150mg BID Begin 2 wks prior to quit date

Pharmacotherapy for Preparation/Action Stages

- Bupropion (sustained release)
 - Duration
 - 7-12 wks up to 6 mos.
 - Cost/day
 - \$3.30/day

Pharmacotherapy for Preparation/Action Stages

- Nicotine Gum
 - Adverse effects
 - Mouth soreness, dyspepsia
 - Dosage
 - 1-24 cig./d 2mg up to 24/d
 - >25 cig./d 4mg up to 24/d
 - Duration
 - up to 12 weeks
 - Cost/day
 - about \$7/d for 10 pieces

Pharmacotherapy for Preparation/Action Stages

- Nicotine inhaler
 - Adverse effects
 - local irritation mouth and throat
 - Dose
 - 6-16 cartridges/d
 - Duration
 - up to 6 months
 - Cost/day
 - about \$11.00/10 cartridges

Pharmacotherapy for Preparation/Action Stages

- Nicotine nasal spray

- Adverse effects

- nasal irritation

- Dose

- 8-40 doses/d

- Duration

- 3-6 mos

- Cost/day

- \$5.40/12 doses

Pharmacotherapy for Preparation/Action Stages

- Nicotine Patch

- Adverse effects

- Local skin reactions, insomnia

- Dose

- 21mg, 14mg, 7 mg

- Duration

- 4wks (21mg) 2wks (14mg) 2wks 7 mg

- Cost/day

- \$4.22

Pharmacotherapy for Preparation/Action Stages

- Second line medications
 - Clonidine
 - Adverse reactions: dry mouth drowsiness, dizziness sedation
 - Dose: 0.15-0.75mg/d
 - Duration: 3-10 wks
 - Cost/day: \$0.25

Pharmacotherapy for Preparation/Action Stages

- Second line Medications
 - Nortriptyline
 - Precautions: risk of arrhythmias
 - Adverse effects: sedation dry mouth
 - Dose: 75-100mg /d
 - Duration: 12 wks
 - Cost: \$0.75/d

Choosing Nicotine Replacement Dose

- Modified Fagerstrom Score
- 1. How many cigarettes do you smoke daily?
 - 0-10 0 points
 - 10-20 1 point
 - 20+ 2 points



Choosing Nicotine Replacement Dose

- 2. How soon after waking do you smoke?
 - 1hour + 0 points
 - 30m-1hr 1 point
 - < 30m 2 points



Choosing Nicotine Replacement Dose

- 3. How long can you comfortably go w/o smoking?
 - >2 hrs 0 points
 - 1-2 hrs 1 point
 - <1 hr 2 points

Choosing Nicotine Replacement Dose

- Score
- 0-1 points None (prn nicotine)
- 1-2 points 7 mg patch
- 3-4 points 14mg patch
- >4 points 21 mg patch

Varenicline

- partial agonist selective for $\alpha 4\beta 2$ nicotinic acetylcholine receptor subtypes
- Binds to receptor sites, competitively with nicotine and resulting in a partial agonist response reducing the reinforcing effect of nicotine.

Varenicline

- Varenicline shown to be efficacious in clinical trials
 - Unique mechanism
 - 30% abstinence rate at 6 months¹
 - Superior to bupropion and placebo
- Side effects common
 - Nausea most frequent side effect
 - Discontinuation of medication in 17-28% of active group subjects^{1 2}

¹ Gonzales et al., *JAMA* 2006; Jorenby et al., *JAMA* 2006

² Nides et al., *Arch Int Med* 2006; Oncken et al., *Arch Int Med* 2006; Williams et al., *Curr Med Res* 2007

FDA Alert February 2008

“It appears increasingly likely that there may be an association between varenicline and serious neuropsychiatric symptoms.”

- Ask about psych history
- Monitor for behavior and mood changes
 - anxiety, nervousness, tension, depressed mood, unusual or aggressive behaviors and thinking about or attempting suicide

DOSAGE AND ADMINISTRATION:

- Usual Dosage for Adults patient should set a date to stop smoking. **Varenicline** dosing should start 1 week before this date. **Varenicline** should be taken after eating and with a full glass of water.
- **The recommended dose of varenicline is 1 mg twice daily following a 1-week titration as follows:**
- **Days 1-3: 0.5 mg once daily**
Days 4-7: 0.5 mg twice daily
Day 8-End of treatment: 1 mg twice daily
- Patients should be treated with **varenicline** for 12 weeks.

Abbreviated Method: 2 As + R

–*ASK*

- If patient smokes or uses other tobacco products

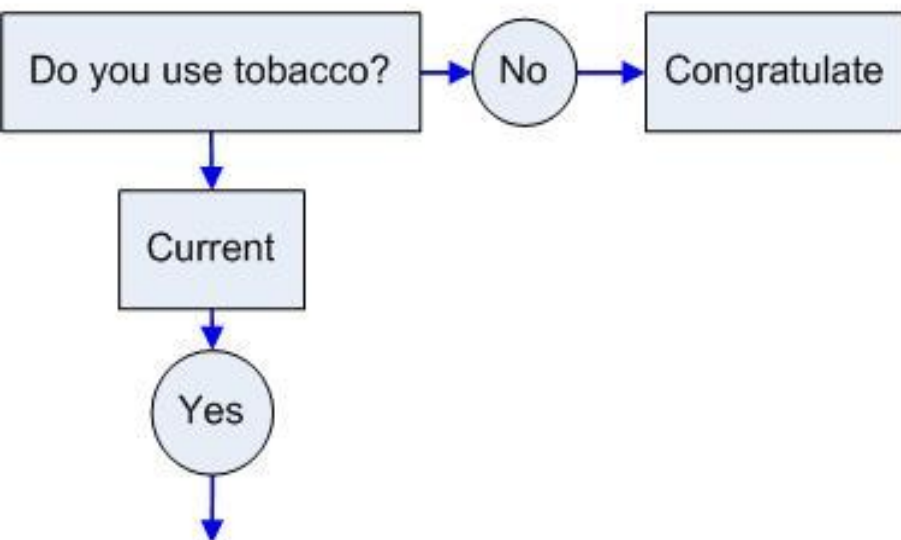
–*ADVISE*

- Him or her to quit

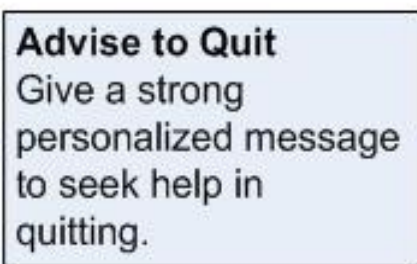
–*REFER*

- To the *SC Tobacco Quitline* or a local service

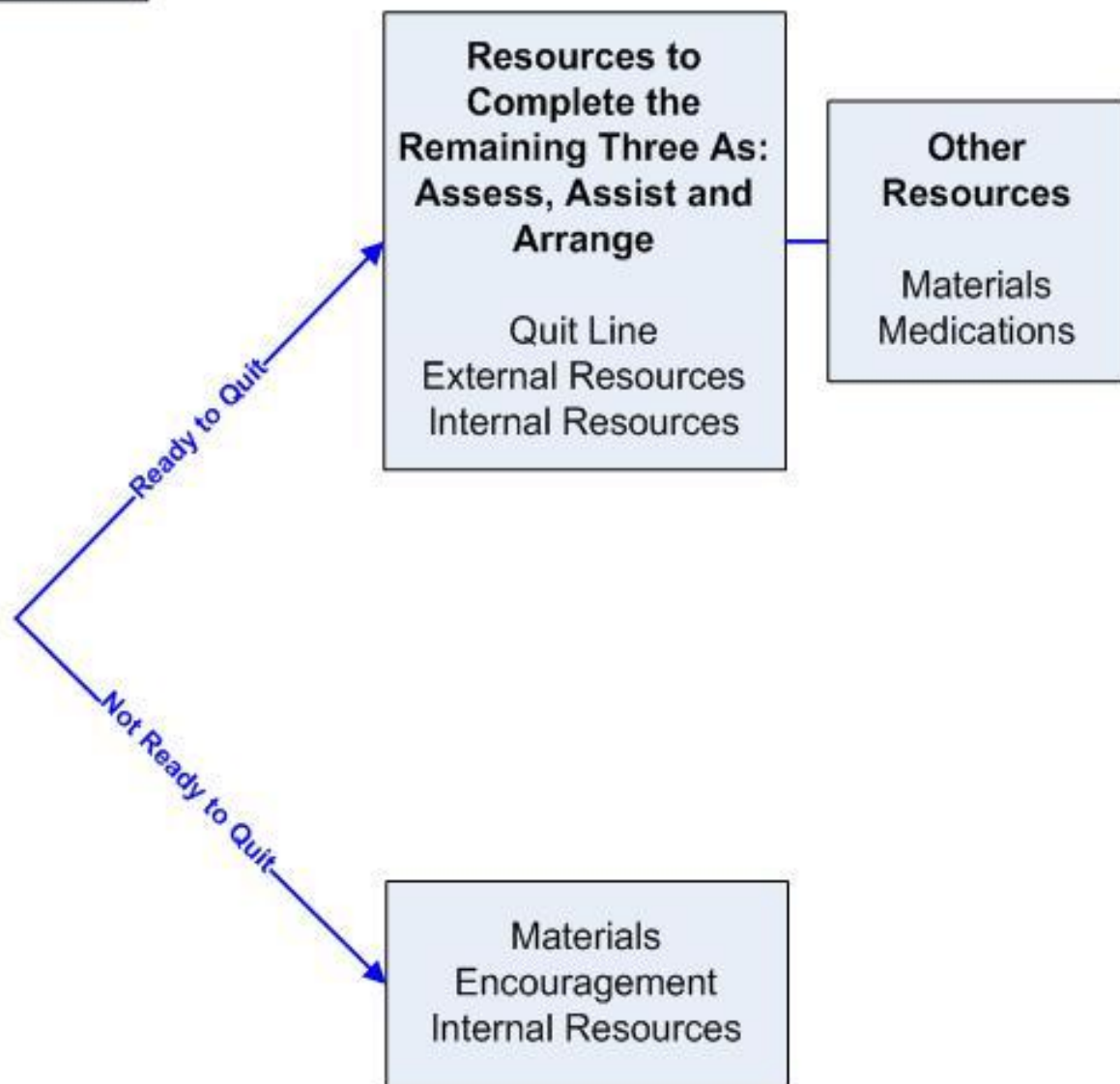
1. ASK



2. ADVISE

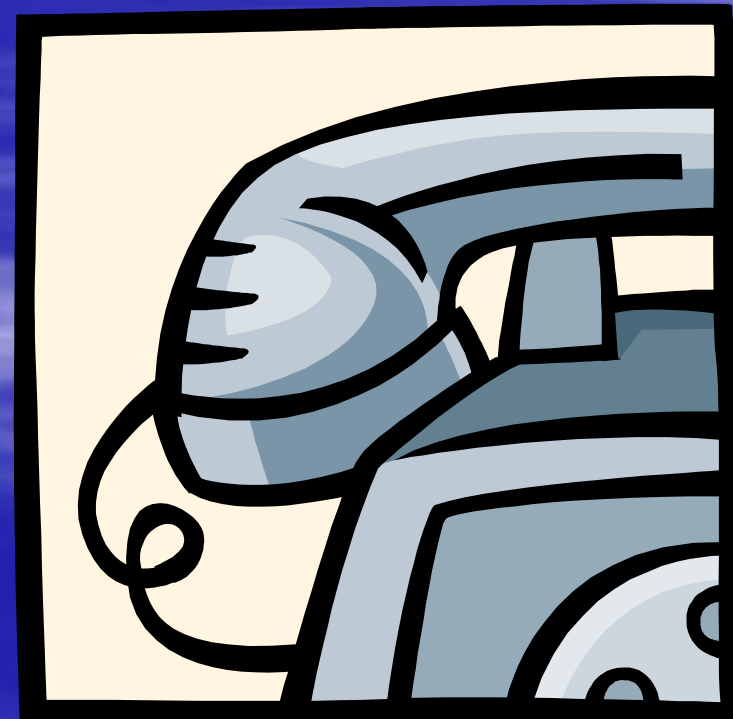


3. REFER



Quitlines

- Takes 30 seconds to refer a patient.
- Staffed by experts who tailor a plan and give advice.
- Proven effectiveness in reach to many tobacco users
- Increase a smoker's chance of successfully quitting.



Tobacco Quitline Advantages

- Able to reach large # of smokers
- One-on-one, high quality counseling by telephone
- Reactive and proactive services provided
- Personal Quit Coach provides behavioral support
- Counseling protocols are tailored to youth, young adults, pregnant and smokeless tobacco users
- Free NRT may be available depending on funding
- Quitlines are staffed by experts who deliver appropriate interventions
- Quitlines increase smoker's chance of quitting successfully
- Proactive telephone counseling achieves higher quit rates than brief physician advice and counseling

Stead LF, Lancaster T, Perera R. Telephone counseling for smoking cessation. Cochrane Database Sys Rev 2003;CD002850.

Zhu S-H, Anderson CM, Tedeschi GJ, et al. Evidence of a real-world effectiveness of a telephone quitline for smokers. *N Engl J Med* 2002; (347)14: 1087-93.

SC Tobacco Quitline:

1-800-QUIT-NOW (784-8669)

- Free statewide telephone counseling support w/Personal Quit Coach
- Hours 8am-midnight, 7 days/wk
- Convenient – confidential – free
- Proactive (call-back) service provided
- Free support materials individualized to stage of change
- Multi-call intervention (5 sessions)
 - Pregnant
 - Uninsured
 - Medicaid
- Youth Support Program – court ordered youth
- Internet Web Coach™ feature
- Multi-language capacity – English/Spanish/Other
- Click to Call Feature
- Specialized counseling protocols for callers who are: pregnant, adolescent or smokeless tobacco users



FREE MATERIALS!

Available from DHEC Educational Materials Library

www.scdhec.gov/quitforkeeps

Providers

Practices

Patients



Provider Fax Referral Q&A

Q: What is the Quitline Provider Fax Referral?
The Quitline Provider Fax Referral is a program that builds on the services of the S.C. Tobacco Quitline by creating partnerships with healthcare providers. Through the Provider Fax Referral program, smokers and persons at high risk to have the first step by calling the Quitline instead, after talking with their healthcare provider, the patient agrees to have the Quitline call them to schedule a quit attempt.

Q: How Does It Work?
The healthcare provider completes a Quitline Provider Fax Referral form and sends it to the Quitline. The Quitline then calls the patient to schedule a quit attempt. The patient then calls the Quitline to schedule a quit attempt.

Q: Why is it Free?
The Quitline is a free service. The Quitline is a free service. The Quitline is a free service.

Q: How soon can I get a quit attempt?
The Quitline is a free service. The Quitline is a free service. The Quitline is a free service.

Q: Can patients be referred?
The Quitline is a free service. The Quitline is a free service. The Quitline is a free service.

Q: How do I know if my patient is a candidate?
The Quitline is a free service. The Quitline is a free service. The Quitline is a free service.

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Q: How do I know if my patient is a candidate?
The Quitline is a free service. The Quitline is a free service. The Quitline is a free service.



Quitline Fax Referral Form

Quitline Fax Number: 1-800-483-3114

Quitline Fax Referral Form

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Quitline Fax Referral Form



South Carolina Tobacco Quitline

South Carolinians now have access to an improved range of tobacco treatment services through the S.C. Tobacco Quitline, the state's free phone and Internet-based cessation program.

What is the S.C. Tobacco Quitline?

- A free comprehensive tobacco treatment service featuring phone and Internet counseling.
- A one-on-one approach to cessation counseling, where each caller is assigned to a personal Quit Coach who will work with the participant throughout the quitting process.
- A program that is science-based and has been clinically proven to help participants quit smoking and stay quit.

When are services available?

- 8 a.m. to midnight, seven days a week.
- After the initial call, participants work with their Quit Coaches to schedule subsequent sessions. The Quit Coach will then call the participant at agreed-upon times and dates. Of course, participants are free to call between scheduled sessions if they need extra support.

Who can call the S.C. Tobacco Quitline?

- Any S.C. resident.
- The program will prioritize services for those most in need of cessation help. It offers the most comprehensive services to the uninsured, Medicaid patients and people referred via a fax referral program by their physician.

What role does the Internet play in the service?

- Web Coach™ is an interactive, Internet-based feature that enhances the Quitline's phone services. In a secure Web environment, participants complete exercises that help Quit Coaches better understand client needs. Participants receive personalized, interactive emails from their Quit Coaches and can respond back as well as communicate with other participants. The Internet service is optional, built-in Web Coach™ and the phone service.
- For example, a participant can set a quit date via an online calendar in the Web Coach program. That information then goes into the Quitline's database and the phone service.

Who is the Quitline?

- The Quitline is a part of the South Carolina Department of Health and Environmental Control (SCDH) and is a free service.

What is the difference?

- The new Quitline offers more comprehensive services than the old Quitline.

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What is the difference?

- The new Quitline offers more comprehensive services than the old Quitline.

Provider Fax Referral

- Fax patient referral while in office
- DHEC Form 1042 / HIPAA Letter/Q&A Sheet
- Quitline follows-up w/pt. in 48 hrs

SOUTH CAROLINA TOBACCO QUITLINE <small>www.quitline.org 1-800-483-3114</small>  <small>Approved by the Department of Health</small>		PROVIDER FAX REFERRAL FORM Quitline Fax Number: 1-800-483-3114 Patient File Number: _____	
INSTRUCTIONS: PLEASE COMPLETE THIS FORM AND FAX TO 1-800-483-3114. PATIENT MUST SIGN FORM. ONE PATIENT A COPY.			
Provider Information (do not remove, your copy only) Name of Medical Facility: _____ Name of a Primary Contact Person: _____ Fax: (____) _____-____ Phone: (____) _____-____ Email: _____ Comments/Questions a physician: _____		Date of Fax: ____/____/____ County: _____	
Patient Information (do not remove)			
Patient Name: _____ DOB: ____/____/____ Address: _____ City: _____ Zip: _____ Primary Phone #: (____) _____-____ Type: _____ Hm: _____ Wk: _____ Cell: _____ Secondary Phone #: (____) _____-____ Type: _____ Hm: _____ Wk: _____ Cell: _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Pregnant? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Language (Please check one) <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____ Tobacco Type (check primary use) <input type="checkbox"/> Cigarettes <input type="checkbox"/> Smokeless Tobacco <input type="checkbox"/> Pipe <input type="checkbox"/> None			
I am hereby giving tobacco and I request that the South Carolina Tobacco Quitline contact me by telephone (name) to help me with my quit plan. I authorize the above-named provider to fax this form to the Quitline. I DO NOT give my permission to the South Carolina Tobacco Quitline (name) to contact me by telephone (name) when contacting me. I authorize the South Carolina Tobacco Quitline to fax back to the above-named provider a Fax Back Outcome (FBO) Report with feedback on this referral.			
Patient Signature (required): _____		Date: ____/____/____	
The South Carolina Tobacco Quitline will call you. Please check the BEST 2-hour time frame for a representative to reach you. NOTE: The Quitline is open 7 days a week, and a message over a weekend may be made at times other than during this 2-hour time frame. <input type="checkbox"/> 8 am – 12 noon EST <input type="checkbox"/> 12 noon – 2 pm EST <input type="checkbox"/> 2 pm – 6 pm EST <input type="checkbox"/> 6 pm – 10 Midnight EST Within this 2-hour time frame, please contact me at (check one) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell			
TO THE PATIENT: THIS IS YOUR REMINDER THAT THE QUITLINE WILL CALL YOU BACK AT THE NUMBER AND WITHIN THE TIME FRAME YOU HAVE CHECKED ABOVE.			

Local Tobacco Cessation Services

- SC Hospital-based programs
- Inpatients and community
- Best chance for evidence-based services
- Access hospital map by county at: www.scdhec.gov/quitforkeeps



Click-to-Call

Just add logo to your website

See flyer for who to contact

South Carolina Tobacco Quitline



The S.C. Tobacco Quitline is excited to introduce Click to Call, a new FREE feature that will connect web site visitors directly with the Quitline.

What is Click to Call?

Click to Call is a button that resides on a web site that initiates a telephone call into the S.C. Tobacco Quitline. Placing a Click to Call button can help you promote the Quitline by:

- ❖ Providing an easy way for participants to connect via phone; and
- ❖ Making it easy for participants to contact their Quit Coach™ for any reason – whether they're dealing with a craving, have a question about medication, or just want to talk about their quit experience.

How does Click to Call work from the participant's experience?

The participant simply:

- ❖ Clicks the button on the web page;
- ❖ Enters the telephone phone number where he or she wants to be reached and a time frame for receiving a call; and
- ❖ Clicks "submit."

His or her phone will ring within the selected time frame, and the participant is connected with the S.C. Tobacco Quitline.



What do I need to do to get the button on my site?

- ❖ Request the button by contacting Mary-Kathryn Craft at craftmk@dhc.sc.gov or 803-545-4466.
- ❖ We will email you or your designated web developer the code to place the Click to Call button on your site.

Provider Resources/Tools

- American Academy of Family Physicians (AAFP)
- Quitline cards are free for AAFP members (shipping charges apply).
 - www.aafp.org/tobacco
 - www.askandact.org
- Online CME courses
 - www.TobaccoCME.com



Insurance coverage- Cessation

- **SC Tobacco Quitline** – free counseling to callers; CDC funded through SC DHEC
- **Medicare** – Part B covers 3 levels of counseling; Part D covers cessation Rx (not patch)
- **SC Medicaid** – covers all FDA-approved cessation products (11/07/06 Medicaid Bulletin)
- **SC State Health Plan** – Quit for Life Program (state employees/dependents) – covers free telephone counseling + NRT
- **Other** – Blue Choice Health Plan, Cigna, Carolina Care Plan and others cover cessation counseling or NRT or both with limitations (ask plan administrator)

Tobacco Counseling Diagnosis/Coding/Billing

- Tobacco use – a chronic disorder
- www.surgeongeneral.gov/tobacco
 - Complete listing of tobacco cessation diagnostic codes from U.S. PHS Clinical Practice Guideline (Appendix C)
- Primary Tobacco Use Disorder ICD-9 Code: 305.1
 - Use this code to chart and track provider intervention with smokers, even if not getting reimbursed
- Provider reimbursement available through
MEDICARE
 - CPT coding is under *Smoking and Tobacco-Use Cessation Counseling* (does not include codes under “Preventive Medicine, Individual Counseling)

Medicare: Coding & Billing

- **Two Types of Counseling Covered** (codes updated as of January 1, 2008):
 - CPT Code 99406 – smoking and tobacco-use cessation counseling visit; intermediate, greater than 3 mins up to 10 mins
 - CPT Code 99407 – smoking and tobacco-use cessation counseling visit; intensive, greater than 10 mins
 - ICD-9-CM Code 305.1 – Tobacco Use Disorder (Tobacco Dependence) – *but also contact local Medicare Contractor for guidance*
- **Eligibility:**
 - Diagnosis codes must reflect patient's disease or adverse health effect linked to tobacco use or patient's prescribed therapeutic agent whose metabolism or dosage is affected by tobacco use– *refer to Medicare guidelines for smoking and tobacco-use cessation counseling*
- **Frequency:**
 - 2 cessation attempts per year; each attempt includes maximum of 4 intermediate or intensive sessions, up to 8 sessions in a 12-month period

Website Resources

DHEC

- www.scdhec.gov/quitforkeeps
 - SC Tobacco Quitline/Cessation Web Page

Medication Support

- Pfizer Inc.
 - GETQUIT™ support program at www.CHANTIX.com
- GlaxoSmithKline
 - Support on their website at www.gsk.com
- Novartis
 - www.habitrol.com
 - www.smokefreeprogram.com

Other Internet Resources

- 1-800-QUIT-NOW website
www.smokefree.gov
- Spit/smokeless tobacco users
www.oralhealthamerica.org
- Pregnant smokers
www.helppregnant smokersquit.org
- Smoke-Free Families
www.smokefreefamilies.org

QUESTIONS?

